

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at §488.404(b)(1):

TN No. 95-12

Supersedes

Approval Date 10-23-95

Effective Date: 7/1/95

TN No. _____

Revision: HCFA-PM-95-4
June 1995

(HSQB)

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

TN No. 95-12

Supersedes

TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-12
Supersedes
TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-D

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-12
Supersedes
TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Civil Money Penalty: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-12
Supersedes
TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-F

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

State Monitoring: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-12
Supersedes
TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-12
Supersedes
TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
June 1995

Attachment 4.35-H

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

Directed Plan of Correction

The directed plan of correction will be used as an available remedy as described in CFR 488.406(a)(6) Available Remedies. Category and application of the remedy will be the same as described in CFR 488.408 Selection of Remedies.

Directed In-Service Training

The directed in-service training will be used as an available remedy as described in CFR 488.406(a)(7) Available Remedies. Category and application of the remedy will be the same as described in CFR 488.408 Selection of Remedies.

Suspension of All Admissions

Suspension of all admissions remedy will be applied in situations where there is widespread or pattern deficiencies in facilities where the causes of the deficiencies are linked to system failures. Criteria for application of the remedy will be defined as a category 2 and will be applied in the same manner as described for category 2 remedies in CFR 488.408.

The additional remedy is requested to protect private pay residents from being admitted to facilities in Medicare/Medicaid beds which time a remedy for denial of payment for new admissions (Medicare/Medicaid) would otherwise be deemed appropriate.

TN No. 95-12

Supersedes

TN No. 90-12

Approval Date: 10-23-95

Effective Date: 7/1/95

Revision: HCFA-PM-91-10 (BPD)

Attachment 4.38

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

Findings of Abuse, Neglect, Misappropriation

Nurse Aide Level I or II:

Listing Number:

Full Name:

Address:

Social Security Number:

Date of Birth:

Training Program Number:

Date of Competency Test:

Date Listing Expires:

Last Place Worked:

Date Last Employed:

Employment Setting:

Competency Test Number:

Remain on Registry: yes or no

TN No. 92-08

Supersedes

TN No. NEW

Approval Date: MAR 27 1992

Effective Date: 1/1/92

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

Information in Data Base for Abuse Registry

Incident Date:

Date Charged:

Status of Investigation:

Incident location:

Nature of allegation:

Brief description of evidence:

Hearing Date:

Result of Hearing:

Nurse Aide Rebuttal:

TN No. 92-08

Supersedes

Approval Date: MAR 27 1992

Effective Date: 1/1/92

TN No. NEW

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

DEFINITION OF SPECIALIZED SERVICES

The Division of Medical Assistance (DMA) shall define specialized services for the purposes of Preadmission Screening and Annual Resident Review as follows:

A. Mental Illness

1. Individual psychotherapy
2. Group psychotherapy
3. Psychiatric Evaluation
4. Psychiatric Testing
5. Inpatient Psychiatric Care

B. Mental Retardation and Related Conditions

Habilitation services including behavior change intervention, requiring consultation and monitoring by a licensed psychiatrist or psychologist on a regular basis, communication skills training, counseling and training in self-help and community living skills.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) shall be responsible for ensuring the provision of specialized services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CATEGORICAL DETERMINATIONS

Categorical determinations are advance group determinations that clearly indicate nursing facility services are needed due to certain diagnoses, level of severity of illness, or need for a particular service. Categorical determinations do not exempt an individual from PASARR. Individuals falling into one of these seven categories may require further evaluation either through a Level II or an Annual Resident Review. North Carolina has seven instances where categorical determinations can be applied.

Emergency: Refers to immediate need for placement as a protective service measure. This standard applies if:

- a. based on the MI/MR individual's physical and/or environmental status, there is a sudden and unexpected need for immediate NF placement; and
- b. the above need requires temporary placement up to 7 days until alternative services/placement can be secured and no other placement options are available.

Delirium: A condition whereby the presence of delirious state precluded the ability of the referral source to determine Level I measures and there is a subsequent need to allow the delirium to clear before proceeding with that screen. Up to seven (7) days of NF care is allowed pending further assessment. Delirium is an acute organic mental syndrome. It is a medical emergency that demands identifications of the cause as rapidly as possible. Delirium is a categorical determination that nursing facility care is needed, however, only up to seven days is allowed before further screening must be done.

Respite Care: For In-Home Caregivers of Individuals with MR or MI - Up to seven (7) consecutive days of NF care is allowed. Individuals with MR/DD or MI who need short-term placement can be admitted for up to 7 days to give the caregiver temporary relief.

TN No. 94-30

Supersedes

Approval Date: NOV 30 1994

Effective Date: 7/1/94

TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

CATEGORICAL DETERMINATIONS

Dementia/MR: The individual has a primary diagnosis of dementia existing in combination with mental retardation or related condition. In conjunction with having been diagnosed with mental retardation, the individual is also diagnosed with dementia suffering further loss of cognitive and intellectual functions which are severe and interfere with functioning ability. The essential deficit is loss of memory, both short and long-term. Abstract thinking and judgments are further impaired. Specialized services can be waived.

Terminal Illness: The individual has a medical prognosis that his/her life expectancy is six months or less. An individual with mental illness or mental retardation who is not a danger to self or others and has a medical prognosis that his/her life expectancy is six months or less may be admitted to a nursing facility. The need for specialized services must be based on an individualized evaluation.

Convalescent Care in excess of 30 days, but not to exceed 60 days: The individual requires convalescent care from an acute physical illness following hospitalization. Individuals in the category are not exempt from PASARR. An individual with mental illness or mental retardation who is not a danger to self or others may be admitted to a nursing facility for care in excess of 30 days, but not to exceed 60 days for convalescent care as a result of and acute physical illness following a hospitalization. The need for specialized services must be based on an individualized evaluation.

Severe Medical Condition: The individual with MI or MR may not be expected to benefit from specialized services due to the level of impairment of a severe medical condition such as amyotrophic lateral sclerosis, Huntington's disease, coma, ventilator dependent, congestive heart failure, obstructive pulmonary disease, Parkinson's disease, advanced multiple sclerosis, muscular dystrophy, cerebellar degeneration, cardiovascular accident, end state renal disease, severe diabetic neuropathies, quadriplegia, refractory anemias. The need for specialized services must be based on an individualized evaluation depending on the severity of the illness. Further evaluation is not necessary for individuals experiencing coma or in a persistent vegetative state.

TN No. 94-30

Supersedes

Approval Date: NOV 30 1994

Effective Date: 7/1/94

TN No. _____

*U.S. G.P.O.: 1993-342-239:80013